

AR10D054 PTIV
601229843130

Summary of Activity

Date of Service	Description	Charges	Adjustments	Medicare/ Medicaid Paid	Insurance Paid	Patient Paid	You Pay
01/12/26	CBC With Differential/Platelet	24.00					24.00
01/12/26	Comp. Metabolic Panel (14)	33.00					33.00
01/12/26	PSA Total+ % Free	126.00					126.00
01/12/26	DHEA-Sulfate	87.00					87.00
01/12/26	Testosterone	91.26					91.26
01/12/26	Homocyst(e)ine	83.00					83.00
01/12/26	Iron	17.00					17.00
01/12/26	Ferritin	42.00					42.00
01/12/26	Venipuncture	10.00					10.00
	ADJUSTMENT(S)		(413.42)				(413.42)
	PAYMENT(S)				(25.38)		(25.38)


**IMPORTANTE: Tenemos agentes bilingües disponibles para asistirle.
Llámenos ahora para resolver su situación.**

513.26	(413.42)		(25.38)		\$74.46
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Labcorp reserves the right to refuse laboratory services for failure to pay for past services. Only your doctor can answer questions regarding testing, diagnosis and results.
To request a copy of your laboratory report: Go to patient.labcorp.com

TEST PERFORMED BY: LABCORP DALLAS

We accept the following payment methods:



Payment arrangements can be made with no additional fee by calling from 8 AM - 8 PM Monday - Friday, or visit labcorp.com/billing

PTINW26X